Occupational Therapy • Physical Therapy • Speech Therapy
Partnering to help children reach their highest potential

Business Policy and Financial Agreement

Client Name:_____ Date of Birth:_____

Welcome to Wiles Therapy Services, Inc. and SPOT On Therapy for Kids, LLC., where we work together as a team to provide quality, individualized OT, ST, and PT. Thank you for choosing us as your therapy providers, we are looking forward to working with you and your child!

Wiles Therapy, Inc. provides and bills for the occupational therapy services and SPOT On Therapy for Kids, LLC. provides and bills for the speech therapy. Both companies provide and bill for PT and depending on the which PT's schedule fits best with your child's schedule will determine which company bills PT. Both companies have the same billing policies and the same prices. We function as much as one company as possible, but do bill as two separate companies.

The following is a statement of our financial policy. We require a signed agreement for each child before the first appointment or consultation. If you have any questions, please ask for clarification from the clinical director before signing.

Please do not direct your questions to your treating therapist(s).

ASSIGNMENT OF BENEFITS:

I authorize SPOT On Therapy for Kids, LLC. and Wiles Therapy Services, Inc. to release any information including the diagnosis, treatment plan, evaluation report/summaries, progress notes and discharge summaries for any treatment rendered to my child during the periods of such care to third party payers.

I also authorize my insurance company to directly pay Wiles Therapy Services, Inc. and SPOT On Therapy for Kids, LLC. insurance benefits otherwise payable to me. I authorize SPOT On Therapy for Kids, LLC. and Wiles Therapy Services, Inc. to release records to the insurance company that are required for authorizations and payment.

I understand that my insurance carrier may pay less than the actual bill for services. I agree to be responsible for payment of all services rendered on behalf of my dependent(s) that are not covered by my insurance carrier.

AUTHORIZATION TO RENDER OCCUPATIONAL, SPEECH, AND/OR PHYSICAL THERAPY SERVICES:

I authorize the speech, occupational and/or physical therapists at SPOT On Therapy for Kids, LLC. and Wiles Therapy Services, Inc. to evaluate/re-evaluate and provide speech, occupational, and/or physical therapy services to my child. I authorize Wiles Therapy Services, Inc. and SPOT On Therapy for Kids, LLC. to communicate with my child's medical provider to receive the required signatures and prescriptions and release the evaluations and notes.

CANCELLATION POLICIES:

1) Therapy will be most beneficial to your child with consistent attendance. A 24-hour notice is required for cancellation of therapy sessions and evaluations. Wiles Therapy Services, Inc. and SPOT On Therapy for Kids, LLC. charge a $50 fee for any appointment that is not kept or not cancelled with proper 4-hour notice. In the event of sudden illness, consideration will be given. **Parents of children in childcare centers, private schools and preschools are responsible for letting the therapist know of any field trips, special events, or school holidays planned on days your child is seen for therapy.**
2) Therapy sessions cancelled with proper notice given will not be charged a cancellation fee. I also understand that on occasion, my child's therapist may have a conflict or illness and need to cancel or reschedule. A make-up session will be attempted when possible with one of the therapists on staff.
3) After three cancellations without proper notice, or no-shows within a three-month period, I understand that my child is subject to discharge from therapy. There are many children and families waiting for services (especially after school hours) and we often have a waiting list during the academic school year.

COMMUNICATION POLICIES:

If you need to change/cancel your child's appointment, contact your child's therapist directly.

1) For the purpose of communication our therapist's do provide you with their personal cell phone numbers, but are unable to take calls while treating clients. Therapist's will do their best to return calls as quickly as possible. It is often easier and faster to return a text than it is to return a phone call. It will sometimes take one business day to return a phone call.
2) Please be respectful of the therapist's personal time and only contact them on their cell phone during business hours unless it is an emergency. Emails can be used at any time.
3) The therapist will contact only one parent regarding schedule changes and basic information. The parent who has the child with them at the time will be contacted and the parent who brings the child to therapy sessions will be informed of how the therapy session went It is the parent's responsibility to communicate with each other. If there are any specific questions parents can contact the therapist.
4) No audio recording or videotaping of therapy sessions by parents is allowed without the written permission of the treating therapist.
5) If you need to change/cancel your child's appointment, contact your child's therapist directly.
6) Wiles Therapy is able to send out automated reminder texts a day before your child's appointment. If you would like to receive this, please list the number you would like to authorize this reminder text to go to.
_____ (phone number for automated reminder text from Wiles Therapy)

PHOTO RELEASE:

I authorize SPOT On Therapy for Kids and Wiles Therapy to take photographs of my child for use on their websites, Facebook page, social media, and marketing material. _____ YES (initial) _____NO (initial)

RELEASE TO SHARE INFORMATION WITH NEW DAY LABS / NEW DAY LEARNING:

SPOT On Therapy for Kids, LLC. and Wiles Therapy Services, Inc. partner with New Day Labs / New Day Learning to provide ABA services. Would like for us to share your child's information with New Day, Including but not limited to intake information, contact information, and billing information? _____YES _____NO

If your child receives ABA through New Day, SPOT On Therapy for Kids, Wiles Therapy, and New Day will work as a team and collaborate for the benefit of your child.

I HAVE READ AND UNDERSTAND THE POLICIES OF SPOT ON THERAPY FOR KIDS, LLC. AND WILES THERAPY SERVICES, INC. MY SIGNATURE CERTIFIES THAT I UNDERSTAND ALL CONTENTS AND ACCEPT ALL TERMS INC.LUDING THE TERMS OF THE BUSINESS POLICIES, FINANCIAL AGREEMENT, AND CANCELLATION PENALTIES OUTLINED IN THIS FORM. BY SIGNINGING I AGREE TO TERMS IN THE SECTIONS LABLED ASSISGNMENT OF BENEFITS, AUTHORIZATION TO RENDER OCCUPATIONAL THERAPYAND OR PHYSICAL THERAPY SERVICES, CANCELLATION POLICIES, AS WELL AS THE COMMUNICATION POLICIES.

I understand that any violation of these items can result in the loss of services from SPOT On Therapy for Kids, LLC. and Wiles Therapy Services, Inc.

Printed Name of parent/guardian _____ Date _____

Signature of parent/guardian _____ Date _____

THERAPIST NAMES AND CONTACT INFORMATION:

OCCUPATIONAL THERAPISTS

• Susan Wiles, OTR/L, ***Owner***/Therapist	(770) 236-9277	susan@wilestherapyforkids.com
• Liz Gama, MS, OTR/L, Supervisor/Therapist	(470) 239-0292	liz@wilestherapyforkids.com
• Kara Pate, MS, OTR/L, Supervisor/Therapist	(864) 671-1541	kara@wilestherapyforkids.com
• Olivia Merritt, MS, OTR/L, Therapist	(470) 210-7872	olivia@wilestherapyforkids.com
• Lynette Heyward, MS, OTR/L, Therapist	(770) 744-0501	lynette@wilestherapyforkids.com
• Dacia Milan, COTA, Therapist	(865) 630-2614	office@wilestherapyforkids.com
• Nicole Carrasquillo, MS, COTA, Therapist	(631) 512-8516	office@wilestherapyforkids.com
• Brooke Hruby, Office Manager	(404) 834-8404	brooke@wilestherapyforkids.com
• Christie Hines, Billing Manager		christie@wilestherapyforkids.com

SPEECH THERAPISTS

• Liz Krupit, M.S. CCC-SLP, ***Owner***	(678) 644-0819	lkrupit@spotontherapykids.com
• Deb Notarnicola, M.S. CCC-SLP	(678) 294-5812	dnotarnicola@spotontherapykids.com
• Barbara Earley, M. Ed CCC-SLP	(404) 702-1952	bearley@spotontherapykids.com
• Mary Kathryn Suplita, M.A. CCC-SLP	(404) 316-9740	mkmcdonald@spotontherapykids.com
• Megan Unger, M.A. CCC-SLP	(404) 936-4090	munger@spotontherapykids.com
• Sue Haviland, M.A. CCC-SLP	(248) 894-2024	shaviland@spotontherapykids.com
• Jamie-Lee Suttles, M. Ed. CCC-SLP	(706) 741-2766	jsuttles@spotontherapykids.com
• Jill Sellars, M. Ed. CCC-SLP	(229) 942-8198	jsellars@spotontherapykids.com
• Deanna Anderson, M. Ed. CCC-SLP	(419) 345-8125	danderson@spotontherapykids.com
• Courtney Bohrer, M. Ed CCC-SLP	(770) 744-5753	cbohrer@spotontherapykids.com
• Caitlin Layfield, M.S. CCC-SLP	(678) 643-3780	clayfield@spotontherapykids.com

PHYSICAL THERAPIST

• Stephanie Lott, PT, DPT	(973) 769-0398	slott@spotontherapykids.com
• Joan Alia, M.S.,PT	(678) 208-9434	jalia@spotontherapykids.com

Wiles THERAPY & SPOT ON THERAPY for kids

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Partnering to help children reach their highest potential

AUTHORIZATION TO REQUEST, OBTAIN, USE OR DISCLOSE PROTECTED HEALTH INFORMATION:

I authorize Wiles Therapy for Kids, Inc. and SPOT On Therapy for Kids, LLC and any of its employees to request, obtain, records from previous therapy practices and /or physicians as well as release, use or disclose my Patient Health Information including records (evaluation reports, progress notes) and information regarding progress related to my child's therapy to the following person(s), entity(s), or business associates of this office either verbally or in writing; as well with our business partner, Dr. Dawn Davis from New Day ABA Therapy, LLC.

Please list any additional professionals with whom we may correspond, such as your child's school, teacher, pediatrician, prior therapist - required if billing insurance, or other professional that you give Wiles Therapy for Kids, Inc and SPOT On Therapy for Kids, LLC permission to release/obtain information from:

Name/Title: _____ Phone: _____ Fax: _____

Name/Title: _____ Phone: _____ Fax: _____

Name/Title: _____ Phone: _____ Fax: _____

Patient Health Information authorized to be disclosed (Check One):

- o I authorize the release of my complete health record.
- o I authorize the release of my complete health record with the EXEPTION of the following information: _____

This health information may be used for medical treatment, consultation, billing or claims payment or other purposes as I indicate: _____

(Choose One):

- o Effective dates for this authorization _____ through _____ This authorization will expire at the end of the above period.
- o All past, present and future periods.

I understand I have the right to:

1. Revoke this authorization by sending written notice to this office and the revocation will not affect this office's previous reliance on the uses or disclosure pursuant to this authorization.
2. Knowledge of any remuneration involved due to any marketing activity as allowed by this authorization, and as a result of this authorization.
3. Inspect a copy of Patient Health Information being used or disclosed under federal law.
4. Refuse to sign this authorization.
5. Receive a copy of this authorization.
6. Restrict what is disclosed with this authorization.

I HAVE READ AND UNDERSTAND THE POLICIES OF WILES THERAPY FOR KIDS, INC. AND SPOT ON THERAPY, LLC MY SIGNATURE CERTIFIES THAT I UNDERSTAND ALL CONTENTS AND ACCEPT THE TERMS OF THE BUSINESS POLICIES, FINANCIAL AGREEMENT, AND CANCELLATION PENALTIES OUTLINED IN THIS FORM. I understand that the information disclosed above may be re-disclosed to additional parties and no longer protected for reasons beyond our control. I also understand that if I do not sign this document, it will not condition my treatment, payment, enrollment in a health plan, or eligibility for benefits whether or not I provide authorization to use or disclose protected patient health information. I understand that any violation of these items can result in the loss of services from Wiles Therapy for Kids, Inc. and SPOT On Therapy for Kids, LLC.

_____ _____

Name of Child Date

_____ _____ _____

Parent/Guardian Signature Child's Date of Birth Relation to Child